

No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28466
State File No. _____
Registrar's No. 1830

BIRTH NO. <u>47911-55</u>		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>647</u>		Registrar's No. <u>1830</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rich Hts Mo</u>		c. LENGTH OF STAY (In this place) <u>56 hr</u>		c. CITY OR TOWN <u>St Louis Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>2200 Menard St 2239</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MICHAEL</u>		b. (Middle) <u>EMORY</u>		c. (Last) <u>WALTHALL</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>Aug 3-1955</u>	
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE - INFANT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rich Hts Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>[REDACTED]</u>		13b. MOTHER'S MAIDEN NAME <u>Theodora Walthall</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Delma Walthall</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>IMMATURITY - 25 wks gestat</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>776X</u>		21f. HOW DID INJURY OCCUR? <u>776X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Birth 8-3, 1955</u> , to death <u>8-5, 1955</u> , that I last saw the deceased alive on <u>8-5-</u> , 19 <u>55</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Erwin T. Huber</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>2301 83rd St</u>		23c. DATE SIGNED <u>8-5-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 6-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem Co, Mo</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/5/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donike, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W H Bockley</u>			
				ADDRESS <u>6536 Clayton Rd. Rich Hts 17 Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Not Embalmed
At H. Bockeup

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.